Outbreak of Mysterious Disease in U.P.

*285. PROF. M. SANKARAUNGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that a mystery fever has killed 20 persons in Saharanpur, Uttar Pradesh;

(b) if so, the details thereof;

(c) whether similar cases have been reported in any other part of the country; and

(d) if so, the steps taken to contain it?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) A Statement is laid on the Table of the House.

Statement

As per available information, there was an outbreak in Saharanpur and other adjoining districts of Mujaffarnagar and Haridwar in Uttar Pradesh where children upto the age of 10 years reported symptoms of fever and altered sensorium of less than 7 days duration leading, in some cases, to coma and death. In all, 109 cases (male 56 and female 53) were reported of which 78 died.

On the request of the State Health authorities, a team of experts was deputed by the Dte. General of Health Services, Government of India. The team visited the affected places between 18.10.03 and 20.10.03. Upon investigation, the diagnosis was of viral encephalitis of which 7 have tested positive for Japanese encephalitis.

Out-breaks with somewhat similar symptoms were also reported in Andhra Pradesh and Maharashtra in the month of July this year. On the request of the State Health authorities, these were investigated by teams from the NICD and ICMR. In Maharashtra, the conclusion of the team was in favour of encephalitis, probably viral in origin. In Andhra Pradesh, the clinical epidemiological and available laboratory evidence pointed towards viral encephalitis with a likely possibility of Japanese encephalitis.

In the affected areas, for the containment of vector, the State Health authorities took up spray with Pyrethrum, malathion fogging and use of larvicides. The Central Government provided requisite technical and other support. For effecting surveillance of such out-breaks, a World Bank assisted Integrated Disease Surveillance Programme (IDSP) is on the anvil. Japanese Encephalitis has been included in the National Vector Borne Disease Control Programme which has been approved by the Government recently. With this the Central Government will be in a better position to assist State Governments in containment of outbreaks due to virus transmitted by vectors.

PROF. M. SANKARALINGAM: Madam, in the reply, the number of persons affected by the disease is given, but, Dr. S.C. Gupta, the Medical Superintendent of that district hospital has stated in his report as follows:

> "After the analysis, it has been found that all the cases affected by this fever come from very poor families and malnutrition seems to be the major cause for the attack of the virus, because their resistance is nil. Has the Government analysed this problem in this aspect? If so, what are their findings and what steps are they taking in this direction?

श्रीमती सुषमा स्वराज : माननीय उपसभापति महोदया, अच्छा है आज आप चेयर पर हैं । आप साइंटिस्ट हैं और आप यह जानती है कि जब भी कोई बीमारी, खासकर वायग्ल वगैरह अटैक करता है तो उसमें जो malnutrition वाले लोग होते हैं, जिनके शरीर में प्रतिरोधक क्षमता कम होती है, उन पर वायरल जल्दी अटैक करता है । इसीलिए माननीय सदस्य जो रिपोर्ट पढ़कर सुना रहे हैं , वह आश्चर्यजनक नहीं है। हमने कहा कि वायरल ऐसीफलाइटिस के केसिज हैं, वायरल ऐसीफलाइटिस के केसिज जब अटैक करेंगे तो निश्चित तौर पर उन लोगों पर पहले अटैक करेंगे जिनके शरीर में प्रतिरोधक क्षमता कम हैं । और किनके शरीर में प्रतिरोधक क्षमता कम होगी – जो malnutrition वालें होंगे । malnutrition किनके यहां होगा – जो पुअर फैमीलीज से होंगे । यह एक विशियस सर्कल हैं । जो एक के साथ जुड़ा हुआ है। तभी तो कहते हैं कि गरीबी और बीमारी का सीधा रिश्ता है । गरीबी के कारण malnutrition, malnutrition के कारण शरीर में कम क्षमता और शरीर में कम क्षमता के कारण वायरल का अटैक पहले होता है। इस प्रकार इसमें कोई नयी चीज नहीं है।

PROF. M. SANKARALINGAM: Madam, in the same report, it is stated that while officials are mum, the figures given by the Health Ministry of the State reveal there have been instances of such deaths since 1998. If so, how many cases have been reported to be detected? I would request the Minister to provide the figures, State-wise.

श्रीमती सुषमा स्वराज : महोदया, यह जो फिगर्स इन्होंने मागो हैं आप चाहे तो सदन में नहीं तो मैं माननीय सदस्य के पास पहुंचा दूंगी क्योंकि इस समय मेरे पास ये आकड़े मौजूद नहीं है।

Air Stations

*286. PROF. SAIF-UD-DIN SOZ:†
SHRI ABU ASIM AZMI:

Will the Minister of INFORMATION AND BROADCASTING be pleased to state:

(a) the number of Akashvani Stations, with the principal language for broadcasts;

(b) the service area of each Station in terms of district or region;

(c) the linguistic profile of the area in each case; and

(d) the hours of broadcasting per week including the national programmes with language wise break-up?

THE MINISTER OF STATE OF THE MINISTRY OF INFORMATION AND BROADCASTING (SHRI RAVI SHANKAR PRASAD): (a) to (d) A Statement is laid on the Table of the House.

Statement

(a) to (d) The details as furnished by Prasar Bharati are as under:

Name of the State	Sl.No.	Name of the Station	Principal Language for Broadcast	Total Hours of B'casting per Week (Approx.)	Dialects/ Minority Language	Statewise coverage during day time (Area %)
1	2	3	4	5	6	7
Andhra Pradesh	1.	Hyderabad	Telugu	175 (2 channels)	Banjara, Hindi, Urdu, Kannada, Marathi	
	2.	Adilabad	Telugu	92	Gonda, Banjara, Kolam, Mathura	
	3.	Vijayawada	Telugu	97		

†The Question was actualy asked on the floor of the House by prof. Saif-Ud-Din Soz.